



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



Certified Instructor Form

I, _____, Instructor # _____, as required by 202 KAR 7:601, Section 14 C, have served as a course coordinator or lead instructor for at least three (3) separate basic training courses and have not been subject to disciplinary action or reprimand by the board within the previous thirty-six (36) months.

Below is a list of three separate basic course numbers that I have served as course coordinator or lead instructor for:

1st _____ 2nd _____ 3rd _____

I hereby swear and affirm that the information contained on this form is true and accurate to the best of my knowledge this _____ day of _____, 20__.

By: _____
Certified Instructor

Instructor #: _____

STATE OF _____)

)

COUNTY OF _____)

Subscribed and sworn to before me by _____ this
_____ day of _____, 20__.

My Commission Expires: _____

Notary Public